

Telechaplancy: Preserving the Character of Chaplaincy Care in Telephone Interaction

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Telephone contact increases options for chaplaincy, but it also limits the spectrum of relational information with which to work, and it brings into play peculiar dynamics of the technology. Telechaplancy presents great opportunity, as long as the practice is *significantly adjusted to the medium*. The following points are aimed at safeguarding essential qualities of chaplaincy care through an audio-only interaction. Telephones are simpler than video platforms, and the experience of a voice close to the ear can be one of very direct communication with attributes of safe and intimate conversation.

Setting Up the Call:

- 1) Are you in a space free from noise interference and other distractions, in a setting where you can be fully present?
- 2) Is it alright if your number shows up on Caller ID? (Note that many people block calls without Caller ID.)

Opening the Call:

During the first few moments of an encounter, most people will paint a picture of the chaplain using their perception of your tone, interest, and openness; and this will affect their decisions about how to engage with the chaplain.

- 3) Be intentional about every aspect of the critical first seconds-to-minutes, clearly explaining why you have called and also inviting the other person to speak (i.e., propel them to take the lead). Develop brief and personable opening scripts.
- 4) Speak in a calm and steady manner, with a sure but soft voice. If you are anxious, get that under control before calling.
- 5) Confirm if this is a good time for a call. If you detect distractions in the other person's background, the presence of additional people around the person, or if the person is in a car, then suggest that you can call back at another time.
- 6) Be cautious about the use of speakerphones, which can both complicate sound quality and jeopardize privacy.
- 7) Any voicemail message you leave ought to be HIPAA compliant, yet also explicit enough to allow the hearer to know who you are and how to reach you, if they so desire.

During the Call:

Telechaplancy requires an early discernment of the other person's ability and interest to take the lead in the interaction and tends to make necessary a somewhat higher level of directive action, compared to an in-person encounter.

- 8) Favor occasional, succinct, full sentences over frequent "encouraging" interjections (i.e., "yes") that risk interrupting. However, making periodic sounds is often necessary, if only to confirm that the line has not become disconnected.
- 9) Confirm that you are listening by recalling content that the person has shared, without reshaping the call's trajectory.
- 10) Be proactive in verbally acknowledging the person's emotion. Put words to your empathy. And, if you have feelings that might be noticeable and observed if you were face-to-face, you may want to say it.
- 11) Manage silence that can be awkward for the *other* person (e.g.: fill it, name it, affirm it, interpret it, or redirect from it). Silence over the phone will cause many people to want to hang up, but a certain amount can create interactive space.
- 12) Be attentive to cues that the other person may be feeling uncomfortable/vulnerable. Phones make "fleeing" a substantive interaction easy, and so the chaplain should validate and encourage sharing in a holding environment.

Concluding the Call:

Taking leave of a call gracefully can be just as important as opening it, situating the chaplain for follow-up interaction.

- 13) Offer an appreciative characterization of the interaction as a whole. This sends a message of care in conclusion.
- 14) Involve the person in the "wrapping up" process. Check for closing thoughts or if there are further needs.
- 15) Reiterate any plan of action for follow-up, and reaffirm contact methods. If the call must end prematurely (e.g., phone battery failure, line interference, or the other person's privacy has been disrupted), make a quick plan to reconnect.
- 16) Reaffirm your commitment to, and focus on, care of the patient (--especially important if talking with a family member).